

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
McCOLLUM, individually, and STEPHANIE §  
KINGREY, individually and as independent §  
administrator of the Estate of LARRY GENE §  
McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 10

Scanned by MCMILLIAN, CAROLYN D. in facility BETO 1 (OB) on 10/10/2011 13:21

Patient Account 20005972-517  
 Med. Rec No (0150)8484380  
 Patient Name HUDSON, DOUGLAS  
 Age 63 YRS DOB 09/10/48 Sex M Race C  
 Admitting Dr OUTSIDE TDCJ  
 Attending Dr OUTSIDE TDCJ  
 Date / Time Admitted 07/26/11 1158  
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**Pathology Report**

172 2504  
**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00155

**AUTOPSY INFORMATION:**

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS  
 Date/Time of Death: 7/25/2011 16:56 Date/Time of Autopsy: 7/27/2011  
 Pathologist/Resident: ARONSON/KOSHY Service: TDC CONTRACT  
 Restriction: NONE

\*\*\*

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

\*\*\*

**FINAL AUTOPSY DIAGNOSIS**

- I. Body as a whole: Findings consistent with environmental hyperthermia (body temperature of 105 F; environmental temperature noted to be above 100 F) A2, C2
- A. Lungs, bilateral: congestion and edema A4
  - 1. Lung, right: Focal early bronchopneumonia A4
  - B. Pleural cavities: Pleural effusion (right: 150 ml and left: 100 ml) A4
  - C. Bronchi: Submucosal hemorrhage, mild A4
  - D. Brain, cerebral cortex, hippocampus and cerebellum: Extensive acute ischemic change in neurons (global encephalomalacia) A4
  - 1. Brain: Edema A1
  - E. Skin, dorsum of feet: Fine petechiae A4
  - F. Colon, ascending: Focal areas of mucosal hemorrhage A4
  - G. Spleen: Congestion A4
  - H. Kidneys, bilateral: Histologic findings consistent with acute tubular necrosis A4
- II. Cardiovascular system: History of hypertension A3
- A. Heart: Cardiomegaly due to biventricular hypertrophy (heart weight 570 g) A3
  - B. Heart, right coronary artery: atherosclerosis with 75% stenosis of the lumen A3
  - C. Heart, left anterior descending artery: atherosclerosis with 75% stenosis of the lumen A3
  - D. Heart, left circumflex artery: atherosclerosis with 75% stenosis of the lumen A3
- III. Other findings:
- A. Thyroid: Thyromegaly, mild (weight = 28 g) A5
  - B. Colon, descending: Diverticulosis, mild A5

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\*\*\*TYPE: Anatomic(A) or Clinical(C) Diagnosis.  
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;  
 3-contributory COD; 4-concomitant, significant; 5-incidental \*\*\*

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Autopsy No.: AU-11-00155

**FINAL AUTOPSY DIAGNOSIS**

C. Lungs, apical pleura: Fibrosis A5  
D. Liver: Mixed macro/microvesicular steatosis A5

CAUSE OF DEATH: Complications of environmental hyperthermia (heat stroke)  
CONTRIBUTORY FACTORS: Atherosclerotic coronary artery disease  
MANNER OF DEATH: Accident

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# **FINAL AUTOPSY REPORT**

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Autopsy No.: AU-11-00155

## **CLINICAL SUMMARY:**

The patient was a 62 year old male TDJC inmate with a past medical history of coronary artery disease and paroxysmal ventricular tachycardia. The patient's medication list included amitriptyline, aspirin, and metoprolol. According to medical records, the patient was prescribed amitriptyline on 7-22-11.

On 7/24/2011, he was found to be unconscious, but breathing, in his cell. There is also a report of seizure-like activity but the quality and duration is unknown. His temperature taken at the time was noted to be 105 degrees Fahrenheit and the temperature outside was over 100 degrees Fahrenheit. Fluids were started and ice packs were placed under his armpits and groin. The patient's skin was noted to be pale, hot and dry. The patient then went into supraventricular tachycardia with a rate of 236 beats per minute and was treated with adenosine. The patient was flown to Palestine Regional Medical Center and upon arrival he was noted to be in Pulseless Electrical Activity for 2-4 minutes. The patient was intubated and revived with advanced cardiac life support, placed on pressors, and transferred to the intensive care unit. Laboratory results showed metabolic and respiratory acidosis, mild leukocytosis, coagulopathy, acute renal failure (BUN = 34 mg/dl and creatinine = 2.7 mg/dl) and elevated cardiac enzymes (CK = 601 U/L, troponin I = 1.05 ng/ml, CKMB = 6.5 mg/ml). Chest x-ray showed bilateral upper lobe infiltrates suggestive of pneumonia. The patient remained comatose, his condition did not improve and it was decided to withdraw care. The patient expired on 7-25-11 and an autopsy was done 7-27-11.

JTK/da  
 07/29/11

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## **GROSS DESCRIPTION:**

**EXTERNAL EXAMINATION:** The decedent, identified by right wrist ID bracelet as "Douglas Hudson", is a well developed, well nourished, white male, measuring approximately 200 cm in length, and weighing approximately 225 lbs according to recent medical records. The general appearance is consistent with the reported age of 62 years. Rigor mortis is present in the arms and legs and there is fixed lividity on the posterior surface of both arms and legs. The head is normocephalic and the patient is bald.

The irides are blue with equal pupils measuring 0.3 cm in diameter. The corneas are cloudy, the conjunctivae are pale, and the sclerae are white. There is blood coming out of the right nare. Dentition is normal. Buccal membranes are normal. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The abdomen is slightly protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is remarkable for lividity on the superior and inferior parts. The arms and legs are unremarkable. The genitalia are normal male for the age.

The following evidence of medical intervention is present: There is an approximately 3 x 3 cm bruise on his sternum. There are medically related needle punctures in both the left and right antecubital fossae. There is IV placement in both of the dorsum of both hands. There is a puncture site on the right lateral portion of the neck.

The following marks and scars are present: There is a tattoo of two hearts connected together on the right bicep area. There is a right ankle ID bracelet as well as a right toe ID tag. There are abrasions on the medial side of both feet. There are petechiae on the dorsal surface of both feet.

**INTERNAL EXAMINATION:** The body is opened using a standard Y shaped incision, to reveal a 4.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The left pleural cavity contains 100 ml of clear red fluid, and the right contains 150 ml of clear red fluid.

The pericardial sac contains 10 ml of clear red fluid. Ribs 4 and 5 are fractured on the left and ribs 3,4,5,6, and 7 are fractured on the right.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains no fluid. There are no peritoneal adhesions.

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## **GROSS DESCRIPTION:**

**CARDIOVASCULAR SYSTEM:** Heart: The heart weighs 570 gm (normal male 270-360) and is normal in shape, but increased in size. The pericardium is stained with blood, but smooth in texture. There is a large amount of epicardial fat largely obscuring the coronary arteries. The heart is examined by transverse serial slicing then opening following the flow of blood. Triphenyl tetrazolium chloride (TTC) staining of a section of myocardium does not demonstrate any acute infarct. The remaining myocardium is homogeneous red-brown. The endocardium is normal. The left ventricular wall measures 1.2 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.5 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous

Valve circumferences measured on the fresh heart are: tricuspid valve 12.5 cm (normal 12-13 cm), pulmonic valve 10.5 cm (normal 8.5-9.0 cm), mitral valve 12.4 cm (normal 10.5-11.0 cm), and aortic valve 9.2 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

**Blood vessels** The calcified coronary arteries are removed from the heart and decalcified prior to examination. The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending. The coronary arteries were removed for further examination. Sectioning reveals maximal stenosis of approximately 75% in each of the left anterior descending, right coronary and left circumflex arteries by plaque. No acute plaque changes are seen.

The aorta exhibits approximately 10% surface area involvement with plaques and mild ulceration located in the abdominal portion of the aorta below the renal arteries. The celiac, superior and inferior mesenteric, and renal arteries are normal. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

**RESPIRATORY SYSTEM:** Larynx and trachea: The laryngeal mucosa is normal, and the vocal cords are normal. The tracheal mucosa is normal.

**Lungs:** The right lung weighs 950 gm (normal male 435), and the left 990 gm (normal male 385). The pleural surfaces show anthracotic changes bilaterally and are otherwise smooth and red. Both lungs are enlarged and congested. The left lung is inflated with formalin before sectioning. The bronchial trees are hyperemic. The vascular trees are normal. The hilar nodes are normal. The lung parenchyma is dark red and smooth with fine porosity.

**GASTROINTESTINAL TRACT.** Esophagus: The esophageal mucosa is normal. The esophagus is firmly anchored to the diaphragm.

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**GROSS DESCRIPTION:**

Tongue: The tongue has a finely granular surface with no coating. On sectioning of the tongue there is a small hemorrhage on the right side of the tongue.

Stomach and duodenum: The stomach contains 100 ml of chyme which is black and smooth in consistency. The mucosa is normal except for slight petechial hemorrhages.

The duodenal mucosa is normal.

Pancreas: The pancreas has a normal conformation and is slightly hemorrhagic. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains approximately 30 ml of green smooth bile with no stones. The mucosa is smooth and dark green. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1320 gm (normal male 1400-1900). The liver surface is smooth and homogeneous. Glisson's capsule is transparent. The liver is serially sliced to reveal a homogeneous lobular pattern. There is no focal lesion.

Small Bowel: The serosa is smooth and transparent with no adhesions. The bowel is normal throughout. The lumen contains semiliquid material. The mucosa is normal.

Large bowel: The serosa is smooth and transparent with no adhesions. The lumen contains feces. The mucosa contains foci of petechial hemorrhages starting in the ascending colon and going to the transverse colon. The appendix is grossly normal.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal.

Reticulo-Endothelial System: Spleen: The spleen weighs 258.1 gm (normal 125-195 gm). It is normal in shape, but increased in size.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Patient Name HUDSON, DOUGLAS  
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## **GROSS DESCRIPTION:**

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal density.

GENITO-URINARY SYSTEM. Kidneys: The kidneys are symmetric. The right kidney weighs 228 gm and the left 250 gm (normal male 125-170 gm). The capsules strip with ease to reveal a red smooth cortical surfaces. Serial slicing reveals well demarcated cortico-medullary junctions. The cortices are 0.9 cm thick on the right and the cortices range from 0.5 to 1.2 cm on the left, on the right the medullas 1.4 cm thick and on the left the medullae measures 0.9 cm. The pelves and calyces are normal. The renal pelvic mucosa is normal. Perihilar adipose tissue is increased.

Ureters: The ureters are normal throughout their length, measuring 0.3 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is normal. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

Testes: The right testis weighs 22 gm, and the left 27.6 gm (normal 20-25 gm). The tunica albugineas are tan-white, smooth and glistening. The cut surfaces are soft and tan-yellow, with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 28.6 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent, red-brown.

Parathyroids: Two parathyroids on the left side were taken for specimen section they were too small to be weighed.

Adrenal glands: The right adrenal gland weighs 10.3 gm and the left 10.1 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position.

BRAIN AND SPINAL CORD. The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1500 gm (normal male 1200-1400). The sulci appear to be obliterated which goes with cerebral edema, the gyri are normal. The circle of Willis, basilar and vertebral arteries show no atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later

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**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

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**GROSS DESCRIPTION:**

examination by a neuropathologist.

PITUITARY GLAND. The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Blood samples were taken for toxicology. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

JTK/da  
07/29/11

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**MICROSCOPIC DESCRIPTION:**

All slides H and E unless stated otherwise. (Autolysis) after a diagnosis means post mortem decomposition affected the assessment

SKIN, FOOT, slide 1: small hemorrhage in deep dermis; no inflammatory reaction observed

PSOAS MUSCLE, slide 2: Two hypercontracted fibers but none with total loss of cross-striation or overt necrosis; Dr. Gerald Campbell of the University of Texas Medical Branch Department of Pathology was consulted for this slide

RIGHT CORONARY ARTERY, slide 3: atherosclerosis with 75% stenosis of the lumen; minimal foam cells seen; no evidence of thrombosis or hemorrhage

LEFT ANTERIOR DESCENDING ARTERY, slide 4: atherosclerosis with 75% stenosis of the lumen; no evidence of thrombosis or hemorrhage

LEFT CIRCUMFLEX CORONARY ARTERY, slide 5: atherosclerosis with 75% stenosis of the lumen; diffuse concentric thickening; no evidence of thrombosis or hemorrhage

TISSUE SUBMITTED AS PARATHYROID GLAND, slide 6: no parathyroid identified

THYROID, slide 7: No pathologic change

ADRENAL, slide 8: No pathologic change

PANCREAS, slide 9: No pathologic change (autolysis)

TESTIS, slide 10: Active spermatogenesis, No pathologic change

PROSTATE, slide 11: Concretions seen in the lumen of glands; multifocal areas of lymphocytic infiltration consistent with chronic prostatitis

SPLEEN, slide 12: Congestion; no evidence of "septic splenitis"

COLON, slides 13-14: Focal area of lamina propria hemorrhage without inflammation

LIVER, slide 15: Mixed macro/microvesicular steatosis; no evidence of inflammation or tumor

LUNGS slides 16,29 (right); slides 18, 30 (left) (4 H&E, 1 GRAM): Very focal areas of early bronchopneumonia seen in 2 out of a total of 10 random sections of lung. No bacteria are seen on gram stain of slide 16. Uninvolved areas of

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**MICROSCOPIC DESCRIPTION:**

lung show only congestion.

BRONCHUS, slide 17: Submucosal hemorrhage; no inflammation seen

KIDNEY, right, slide 19 and left slide 20: granular casts within some tubules, consistent with acute tubular necrosis

JEJUNUM, slide 21: No pathologic change

HEART, left, anterior, slide 22: perivascular fibrosis, congestion; no evidence of acute myocardial injury; (autolysis)

HEART, interventricular septum, slide 23. Subendocardial fibrosis; no evidence of acute myocardial injury

HEART, left, posterior, slide 24: multifocal areas of interstitial fibrosis; no evidence of acute myocardial injury

HEART, left ventricle, lateral, slide 25: perivascular fibrosis; no evidence of acute myocardial injury

HEART, right ventricle, slide 26: myocyte hypertrophy; no evidence of acute myocardial injury

VERTEBRA, slide 27: No pathologic change; normal cellularity; all cell lines show normal maturation and number

TONGUE, slide 28 Submucosal hemorrhage, no inflammatory reaction seen

**POST-MORTEM TESTS.**

Vitreous fluid  
Electrolytes (performed at UTMB labs)  
Sodium 138 mmol/L  
Potassium 12.9 mmol/L  
Chloride 113 mmol/L  
Urea nitrogen 12 mg/dL  
Creatinine 1.3 mg/dL  
Osmolality 306 mos/kg

Toxicology (Performed at Aegis Sciences Corp): Pending at time of this report. Results will be reported separately.

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## **CLINICOPATHOLOGIC CORRELATION:**

This patient was a 62 year old male TDCJ inmate who expired in the hospital less than 24 hours after suffering a cardiopulmonary arrest with documented elevated body temperature reading of 105 degrees Fahrenheit. During his brief hospitalization, he developed coagulopathy, acute renal failure, elevated cardiac enzymes, and pulmonary infiltrates. Clinical considerations were pneumonia/sepsis vs. heat stroke.

At autopsy, there were a number of findings characteristic (but not diagnostic of) heat stroke. Multifocal hemorrhages in skin, lung, lamina propria of bowel and bronchi, and tongue correlate with the coagulopathy. The kidneys showed findings consistent with acute tubular necrosis. The brain showed extensive acute ischemic changes and edema, the result of anoxic brain injury from the cardiac arrest. Post-mortem toxicology results are pending at the time of this report and will be reported separately. Analysis of electrolytes from vitreous humor post-mortem did not reveal a dehydration pattern, but this is probably because he received fluids during his hospital treatment.

The lungs showed very focal, microscopic areas of acute bronchopneumonia, which we view as a complication of his arrest and intubation, rather than the cause of his hyperthermia and multi-organ failure.

In this case, the clinical course of elevated temperature, documented high environmental temperatures, clinical features (tachycardia, coagulopathy, renal failure, and coagulopathy) in the absence of any significant infection all support the diagnosis of environmental hyperthermia (heat stroke). It should be noted that the patient was taking amitriptyline which is a medication known to interfere with heat dissipation mechanisms.

Additional autopsy findings include an enlarged and hypertrophic heart (weight = 570 grams) and coronary artery disease. The left anterior descending, right coronary and left circumflex arteries all showed atherosclerosis with approximately 75% luminal obstruction. However, there was no evidence of acute myocardial injury, only some old areas of fibrosis. This fibrosis is not surprising given the patient's long history of coronary artery disease. Incidental findings include mild thyromegaly (weight = 28 grams), colonic diverticulosis, apical lung pleural fibrosis, and a fatty liver.

In summary, it is our opinion that the cause of death is environmental hyperthermia (heat stroke). Contributory factors include atherosclerotic cardiovascular disease, and treatment with amitriptyline. The manner of death is accident.

JTK/da

Patient Name HUDSON, DOUGLAS  
 Patient Location AUTOPSY  
 Room/Bed. -  
 Printed Date / Time 10/06/11 - 0724

Page 12

Continued....

Scanned by MCMILLIAN, CAROLYN D. in facility BETO 1 (0B) on 10/10/2011 13:21

Patient Account 20005972-517  
Med. Rec No (0150)848436Q  
Patient Name HUDSON, DOUGLAS  
Age 63 YRS DOB 09/10/48 Sex M Race C  
Admitting Dr OUTSIDE TDCJ  
Attending Dr OUTSIDE TDCJ  
Date / Time Admitted 07/26/11 1158  
Copies to

UTMB  
University of Texas Medical Branch  
Galveston, Texas 77555-0543  
(409) 772-1238  
Fax (409) 772-5883  
Pathology Report

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00155

CLINICOPATHOLOGIC CORRELATION:  
09/12/11

JUDITH F. ARONSON, M.D., PATHOLOGIST  
10/05/11

(Electronic Signature)

Patient Name HUDSON, DOUGLAS  
Patient Location AUTOPSY  
Room/Bed -  
Printed Date / Time 10/06/11 - 0724

Page 13

**END OF REPORT**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 11



**SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS**



**Office of the Medical Examiner  
Cause of Death Report**

**Case: IFS-11-10161 - ME**

**Decedent: McCollum, Larry Gene 58 years White Male DOB: 04/04/1953**

**An Autopsy was performed and the cause of death is:**

**Pending**

**Manner of Death: Pending**

**Pending Issues:**

Toxicology

Histology

**Examining Pathologist: Keith Pinckard, M.D., Ph.D.**

A handwritten signature in black ink, appearing to read "K. Pinckard", is written over a horizontal line.

**Keith Pinckard M.D., Ph.D.**

**07/29/2011**

**Related Agencies:**

Forensic Pathology

2

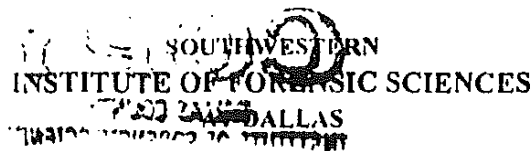
Texas Office Of The Attorney General

Texas Department of Criminal Justice

Institute of Forensic Sciences



*Accredited by The National Association of Medical Examiners*



Office of the Medical Examiner

## Autopsy Report

**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Case: IFS-11-10161 - ME

Decedent: McCollum, Larry Gene 58 years White Male DOB: 04/04/1953

Date of Death: 07/28/2011 (Actual)

Time of Death: 11:35 PM (Actual)

Examination Performed: 07/29/2011 09:30 AM

**ORGAN WEIGHTS:**

Brain: 1,600 g	Right Lung 700 g	Right Kidney: 260 g
Heart: 550 g	Left Lung: 500 g	Left Kidney: 280 g
Liver: 2,590 g	Spleen: 250 g	

**EXTERNAL EXAMINATION**

The body is identified by tags. Photographs and fingerprints are taken.

The body is received nude. No personal effects or jewelry are present on the body.

The body is that of a normally-developed white male which appears consistent with the recorded age of 58 years. When nude, it measures 70 inches in length and weighs 345 pounds. There is good preservation in the absence of embalming. Rigor mortis is present. Lividity is located on the posterior body surfaces and blanches with pressure. The body is room temperature in the presence of minimal refrigeration.

The hairline is receding and there is short gray hair that is cut very close to the scalp. Mustache and beard stubble are on the face. The irides are brown and there are no petechiae of the bulbar or palpebral surface of the conjunctivae. The ears, nose, and lips are unremarkable. The mouth has natural dentition. The neck is without masses or unusual mobility. The chest and back are unremarkable. The abdomen is protuberant. The extremities are symmetric. The external genitalia, perineum, and anus are unremarkable.

A 1 inch area of indentation and red discoloration is on the right side of the forehead.

**IDENTIFYING MARKS AND SCARS**

A 3 inch linear scar is obliquely oriented on the right side of the abdomen.

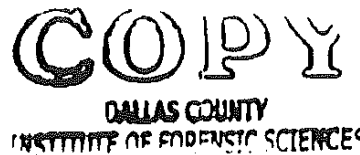
A 2 inch linear scar is on the right temporal scalp.

**EVIDENCE OF TREATMENT**

Accredited by The National Association of Medical Examiners

IFS-11-10161

McCollum, Larry Gene



Page 2 of 6

- Cardiac monitor pads affixed to the chest
- Intravascular catheter in upper right arm
- Hospital band encircling left wrist
- Foley catheter
- Rectal catheter connected to a bag containing fecal material
- Needle puncture in the left inguinal region
- Needle punctures in the right inguinal region, with extravasated blood within the soft tissue and musculature surrounding the right inguinal canal

#### EVIDENCE OF INJURY

A 1/4 inch purple contusion is on the superior aspect of the bridge of the nose.

Reflection of the scalp reveals a 3 cm area of hemorrhage in the left temporalis muscle along the parietal bone. A 1 inch purple contusion with central abrasion is immediately inferior to the left external ear. Deep to this is a 4 cm area of hemorrhage within the underlying soft tissue.

A 2 cm purple contusion is on the left supraclavicular region. A 2 inch purple to yellow contusion is on the right upper abdomen near the subcostal margin. A few purple contusions measuring between 1 and 2 cm each are on the left side of the chest. A 1/2 inch red abrasion is on the front of the proximal left forearm. A 2 inch purple contusion is on the posterior aspect of the left thigh.

#### INTERNAL EXAMINATION

**BODY CAVITIES:** Approximately 300 cc of tan clear fluid are within each pleural cavity. The pericardial and peritoneal cavities contain no adhesions or abnormal collections of blood or other fluid.

**HEAD:** See EVIDENCE OF INJURY. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with flattened gyri and effaced sulci. There is mild notching of the parahippocampal gyri. The cerebellar tonsils are soft; sections reveal friable, tan-red necrotic parenchyma. The cranial nerves and blood vessels are unremarkable. Sections through the brainstem are unremarkable. Sections through the cerebral hemispheres exhibit diffuse blurring of the gray-white matter junctions. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

**NECK:** The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The heart is markedly enlarged, with normal contours. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal

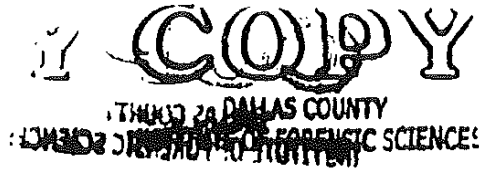


Accredited by The National Association of Medical Examiners

IFS-11-10161

McCollum, Larry Gene

Page 3 of 6



abnormalities.

**RESPIRATORY SYSTEM:** The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 cc of dark green bile, and one dark green cholesterol stone measuring approximately 2 inches in greatest dimension.

**GASTROINTESTINAL SYSTEM:** The tongue is grossly normal both externally and upon sectioning. The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is absent. The pancreas is unremarkable externally and upon sectioning.

**GENITOURINARY SYSTEM:** The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelvis, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

**ENDOCRINE SYSTEM:** The thyroid and adrenal glands are unremarkable externally and upon sectioning.

**LYMPHORETICULAR SYSTEM:** The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

**MUSCULOSKELETAL SYSTEM:** The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

#### **MICROSCOPIC EXAMINATION:**

**Heart:** myocyte hypertrophy; increased interstitial and perivascular fibrosis.

**Lung:** vascular congestion.

**Liver:** moderate macrovesicular steatosis, mild focal centrilobular necrosis.

**Kidney:** No significant pathologic alteration is identified.

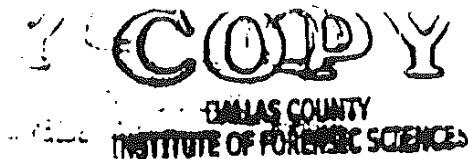
**Spleen:** diffuse hypocellularity with depletion of both the red and white pulp.



*Accredited by The National Association of Medical Examiners*

IFS-11-10161

McCollum, Larry Gene



Page 4 of 6

**TOXICOLOGY:**

**Evidence Submitted:**

The following items were received by the Laboratory from the Office of the Medical Examiner

004: Biohazard Bag

004-001: Blood, femoral - gray top tube

004-002: Blood, femoral - gray top tube

004-003: Blood, femoral - gray top tube

004-004: Blood, femoral - gray top tube

004-005: Blood, femoral - red top tube

004-006: Vitreous - red top tube

004-007: Skeletal muscle - plastic tube

**Blood, postmortem**

**Acid/Neutral Screen (GC/MS)**  
negative (004-001)

**Alcohols/Acetone (GC)**  
negative (004-002)

**Alkaline Quantitation (GC, GC/MS)**  
negative (004-001)

**Opiate Narcotics (GC/MS)**  
0.107 mg/L morphine (004-002)

**Vitreous**

**Alcohols/Acetone (GC)**  
negative (004-006)

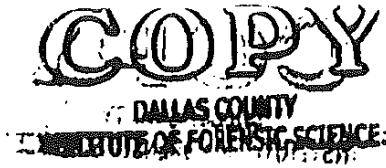
**Opiate Narcotics (GC/MS)**  
0.046 mg/L morphine (004-006)



*Accredited by The National Association of Medical Examiners*

IFS-11-10161

McCollum, Larry Gene



Page 5 of 6

**FINDINGS:**

**1. Hyperthermia**

a. History that the decedent was in a hot environment without air conditioning, and was witnessed to collapse with seizure activity.

b. History that the decedent presented to the Emergency Department unresponsive, with a body temperature of 109.4 degrees Fahrenheit.

c. Hospital course complicated by

1. hypoxic-ischemic encephalopathy
2. disseminated intravascular coagulation
3. shock
4. multi-system organ failure

d. Brain swelling

1. transtentorial herniation
2. cerebellar tonsillar herniation and acute necrosis
3. hypoxic-ischemic encephalopathy

**2. History of hypertension**

- a. Cardiac hypertrophy (heart weight = 550 grams)
- b. History of treatment with hydrochlorothiazide

**3. Morbid obesity (Body mass index = 49.5)**

---

**4. Contusions of scalp and face**

**5. Subgaleal hemorrhage**

**6. No significant injuries**

**CONCLUSIONS:**

Based on the autopsy and the history available to me, it is my opinion that Larry Gene McCollum, a 58-year-old white male, died as the result of hyperthermia. The decedent was in a hot environment without air conditioning, and he may have been further predisposed to developing hyperthermia due to morbid obesity and treatment with a diuretic (hydrochlorothiazide) for hypertension.

**MANNER OF DEATH:**      Accident



*Accredited by The National Association of Medical Examiners*

IFS-11-10161

McCollum, Larry Gene



Page 6 of 6

10/26/2011

Keith Pinckard, M.D., Ph.D.  
Medical Examiner



*Accredited by The National Association of Medical Examiners*

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

## EXHIBIT 12



SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS

Office of the Medical Examiner  
Autopsy Report



**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Case: IFS-11-10161 - ME

172 1640

**Decedent:** McCollum, Larry Gene 58 years White Male DOB: 04/04/1953

Date of Death: 07/28/2011 (Actual)

Time of Death: 11:35 PM (Actual)

Examination Performed: 07/29/2011 09:30 AM

**ORGAN WEIGHTS:**

Brain: 1,600 g	Right Lung 700 g	Right Kidney: 260 g
Heart: 550 g	Left Lung: 500 g	Left Kidney: 280 g
Liver: 2,590 g	Spleen: 250 g	

**EXTERNAL EXAMINATION**

The body is identified by tags. Photographs and fingerprints are taken.

The body is received nude. No personal effects or jewelry are present on the body.

The body is that of a normally-developed white male which appears consistent with the recorded age of 58 years. When nude, it measures 70 inches in length and weighs 345 pounds. There is good preservation in the absence of embalming. Rigor mortis is present. Lividity is located on the posterior body surfaces and blanches with pressure. The body is room temperature in the presence of minimal refrigeration.

The hairline is receding and there is short gray hair that is cut very close to the scalp. Mustache and beard stubble are on the face. The irides are brown and there are no petechiae of the bulbar or palpebral surface of the conjunctivae. The ears, nose, and lips are unremarkable. The mouth has natural dentition. The neck is without masses or unusual mobility. The chest and back are unremarkable. The abdomen is protuberant. The extremities are symmetric. The external genitalia, perineum, and anus are unremarkable.

A 1 inch area of indentation and red discoloration is on the right side of the forehead.

**IDENTIFYING MARKS AND SCARS**

A 3 inch linear scar is obliquely oriented on the right side of the abdomen.

A 2 inch linear scar is on the right temporal scalp.

**EVIDENCE OF TREATMENT**



Accredited by The National Association of Medical Examiners  
Plaintiffs' MSJ Appx. 112

RECEIVED

10/10/11 CM

10/10/11

IFS-11-10161

McCollum, Larry Gene



Page 2 of 6

- Cardiac monitor pads affixed to the chest
- Intravascular catheter in upper right arm
- Hospital band encircling left wrist
- Foley catheter
- Rectal catheter connected to plastic bag containing fecal material
- Needle puncture surrounded by ecchymosis in the left inguinal region
- Needle punctures in the right inguinal region, with extravasated blood within the soft tissue and musculature surrounding the right inguinal canal

#### EVIDENCE OF INJURY

A 1/4 inch purple contusion is on the superior aspect of the bridge of the nose.

Reflection of the scalp reveals a 3 cm area of hemorrhage in the left temporalis muscle along the parietal bone. A 1 inch purple contusion with central abrasion is immediately inferior to the left external ear. Deep to this is a 4 cm area of hemorrhage within the underlying soft tissue.

A 2 cm purple contusion is on the left supraclavicular region. A 2 inch purple to yellow contusion is on the right upper abdomen near the subcostal margin. A few purple contusions measuring between 1 and 2 cm each are on the left side of the chest. A 1/2 inch red abrasion is on the front of the proximal left forearm. A 2 inch purple contusion is on the posterior aspect of the left thigh.

#### INTERNAL EXAMINATION

**BODY CAVITIES:** Approximately 300 cc of tan clear fluid are within each pleural cavity. The pericardial and peritoneal cavities contain no adhesions or abnormal collections of blood or other fluid.

**HEAD:** See EVIDENCE OF INJURY. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with flattened gyri and effaced sulci. There is mild notching of the parahippocampal gyri. The cerebellar tonsils are soft; sections reveal friable, tan-red necrotic parenchyma. The cranial nerves and blood vessels are unremarkable. Sections through the brainstem are unremarkable. Sections through the cerebral hemispheres exhibit diffuse blurring of the gray-white matter junctions. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

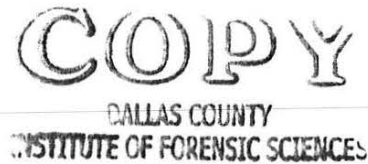
**NECK:** The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The heart is markedly enlarged, with normal contours. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal



IFS-11-10161

McCollum, Larry Gene



Page 3 of 6

abnormalities.

**RESPIRATORY SYSTEM:** The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 cc of dark green bile, and one dark green cholesterol stone measuring approximately 2 inches in greatest dimension.

**GASTROINTESTINAL SYSTEM:** The tongue is grossly normal both externally and upon sectioning. The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is absent. The pancreas is unremarkable externally and upon sectioning.

**GENITOURINARY SYSTEM:** The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

**ENDOCRINE SYSTEM:** The thyroid and adrenal glands are unremarkable externally and upon sectioning.

**LYMPHORETICULAR SYSTEM:** The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

**MUSCULOSKELETAL SYSTEM:** The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

#### **MICROSCOPIC EXAMINATION:**

Heart: myocyte hypertrophy; increased interstitial and perivascular fibrosis.

Lung: vascular congestion.

Liver: moderate macrovesicular steatosis, mild focal centrilobular necrosis.

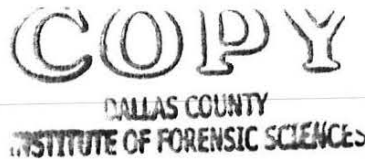
Kidney: No significant pathologic alteration is identified.

Spleen: diffuse hypocellularity with depletion of both the red and white pulp.



IFS-11-10161

McCollum, Larry Gene



Page 4 of 6

**TOXICOLOGY:**

**Evidence Submitted:**

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 004: Biohazard Bag
- 004-001: Blood, femoral - gray top tube
- 004-002: Blood, femoral - gray top tube
- 004-003: Blood, femoral - gray top tube
- 004-004: Blood, femoral - gray top tube
- 004-005: Blood, femoral - red top tube
- 004-006: Vitreous - red top tube
- 004-007: Skeletal muscle - plastic tube

**Blood, postmortem**

**Acid/Neutral Screen (GC/MS)**  
negative (004-001)

**Alcohols/Acetone (GC)**  
negative (004-002)

**Alkaline Quantitation (GC, GC/MS)**  
negative (004-001)

**Opiate Narcotics (GC/MS)**  
0.107 mg/L morphine (004-002)

**Vitreous**

**Alcohols/Acetone (GC)**  
negative (004-006)

**Opiate Narcotics (GC/MS)**  
0.046 mg/L morphine (004-006)



IFS-11-10161

McCollum, Larry Gene



Page 5 of 6

**FINDINGS:**

1. Hyperthermia

a. History that the decedent was in a hot environment without air conditioning, and was witnessed to collapse with seizure activity.

b. History that the decedent presented to the Emergency Department unresponsive, with a body temperature of 109.4 degrees Fahrenheit.

c. Hospital course complicated by

1. hypoxic-ischemic encephalopathy
2. disseminated intravascular coagulation
3. shock
4. multi-system organ failure

d. Brain swelling

1. transtentorial herniation
2. cerebellar tonsillar herniation and acute necrosis
3. hypoxic-ischemic encephalopathy

2. History of hypertension

a. Cardiac hypertrophy (heart weight = 550 grams)

b. History of treatment with hydrochlorthiazide

3. Morbid obesity (Body mass index = 49.5)

4. Contusions of scalp and face

5. Subgaleal hemorrhage

6. No significant injuries

**CONCLUSIONS:**

Based on the autopsy and the history available to me, it is my opinion that Larry Gene McCollum, a 58-year-old white male, died as the result of hyperthermia. The decedent was in a hot environment without air conditioning, and he may have been further predisposed to developing hyperthermia due to morbid obesity and treatment with a diuretic (hydrochlorthiazide) for hypertension.

**MANNER OF DEATH:**      Accident



IFS-11-10161

McCollum, Larry Gene

**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Page 6 of 6



10/26/2011

Keith Pinekard, M.D., Ph.D.

Medical Examiner



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 13

11/05/2012 13:37 9364391350

ARCHIVES

PAGE 17725

Patient Account: 20005972-517

Med. Rec. No.: (0150)185744Q

Patient Name: Meyers, Thomas

Age: 47 YRS DOB: 12/26/64 Sex: M Race: C

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/04/11 1105

Copies to:

UTMB

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

**680515**  
**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00160

**AUTOPSY INFORMATION:**

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS  
 Date/Time of Death: 8/3/2011 12:10 Date/Time of Autopsy: 8/4/2011  
 Pathologist/Resident: RAMPY/KOSHY Service: TDC CONTRACT  
 Restriction: NONE

\*\*\*

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

\*\*\*

**FINAL AUTOPSY DIAGNOSIS**

- I. Body as a whole: clinical history of hyperthermia (105.6 degrees Fahrenheit) due to high environmental temperature C1  
 A. Organs in situ: Marked, generalized autolysis A4  
 B. Lungs: Pulmonary edema and intra-alveolar hemorrhage, patchy A3  
 C. Heart: Cardiomegaly (410 g) A4  
     1. Heart: Contraction band necrosis, focal areas A4  
 D. Brain: Edema A4
- II. Body as a whole: Clinical history of hypothyroidism
- A. Thyroid: Hashimoto thyroiditis A3
- III. Other findings:
- A. Spleen: Congestive splenomegaly (270 g) A5  
 B. Liver: Hepatomegaly (2020 g) A5  
 C. Liver: Marked macro- and microvesicular steatosis A5  
 D. Prostate: Chronic prostatitis, multifocal A5  
 E. Pituitary gland: Microadenoma A5

**RECEIVED****MR 10012 CM****COPIED AND SENT**

\*\*\*TYPE: Anatomic(A) or Clinical(C) Diagnosis.  
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;  
 3-contributory COD; 4-concomitant, significant; 5-incidental \*\*\*

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Med. Rec. No.: (0150)185744Q

Patient Name: Meyers, Thomas

Age: 47 YRS DOB: 12/26/64 Sex: M Race: C

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/04/11 1105

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Pathology Report

**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00160

**CLINICAL SUMMARY:**

The decedent was a 46-year-old male TDCJ inmate, with a past medical history of hypertension, hyperlipidemia, hypothyroidism and schizophrenia who was found unresponsive in his cell on 08/03/2011. His cell mate reported that the deceased was rocking while standing and sitting before he became unresponsive. He then was transported to the infirmary where a body temperature was measured at 105.6 degrees Fahrenheit. Ice packs and wet towels were placed on the patient to lower his body temperature. The prison doctor ordered the patient to be transferred to the hospital and en route, the the decedent developed cardiac arrest. Cardiopulmonary resuscitation was initiated, yet no pulse was regained. The patient died on 08/03/2011. A complete autopsy was performed on 08/04/2011.

JTK/da  
08/08/11

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Patient Location: AUTOPSY

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 Age: 47 YRS DOB: 12/26/64 Sex: M Race: C  
 Admitting Dr.: OUTSIDE TDCJ  
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**Pathology Report**

### FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00160

#### GROSS DESCRIPTION:

**EXTERNAL EXAMINATION:** The decedent, identified by a left ankle identification band as "Thomas Meyers", is a well-developed, well-nourished white male, measuring 188 cm in body length and weighing approximately 225 lbs according to recent medical records. The general appearance is consistent with the reported age of 46 years. Rigor mortis is present in the arms and legs bilaterally and there is fixed lividity with numerous Tardieu spots on the posterior surfaces. The head is normocephalic with short (2.5 cm) dark brown/black hair.

The irides are brown with equal pupils measuring 0.3 cm in diameter. The corneas are clouded, the conjunctivae are minimally congested and the sclerae are white. The nares are patent with scant thin, watery blood-tinged exudate bilaterally. Dentition is adequate. The buccal membranes are pale. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. The abdomen is protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is unremarkable. The left arm is remarkable for numerous patches of petechiae and purpuric hemorrhage distributed primarily along the proximal anterior surfaces. One such prominent patch is at the left antecubital fossa and likely reflects an intravenous access site. Otherwise, the extremities appear unremarkable. The genitalia are normal circumcised male for the age.

The following evidence of medical intervention is present: An endotracheal tube is in place, secured with with a blue plastic collar. A defibrillator pad is positioned at the right rostral chest just caudal to the clavicle. Another defibrillator pad is positioned at the lateral aspect of left lower quadrant of the abdomen. A blood pressure cuff is positioned at the mid-shaft of the left arm. Eleven EKG leads are positioned along the rostral aspect of the proximal arms and shoulders bilaterally as well as along the lateral aspect of the left thorax, abdomen and hip. A single lumen IV line is positioned at the left lateral neck.

The following marks, scars and tattoos are present: An 8 cm linear, longitudinal scar is positioned approximately mid-shaft, along the anterior aspect of the of the right thigh. A 3 cm oblique, linear scar is positioned approximately 5 cm caudal to the right tibial tubercle. A tattoo of the text "Thomas" is positioned approximately 8 cm rostral to the right nipple.

**INTERNAL EXAMINATION:** The body is opened using a standard Y shaped incision, to reveal a 4 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The right and left pleural cavities each contain

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Patient Name: Meyers, Thomas

Age: 47 YRS DOB: 12/26/64 Sex: M Race: C

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/04/11 1105

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**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

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**GROSS DESCRIPTION:**

20 ml of clear red fluid.

The pericardial sac contains no fluid. Ribs 1,2,5 and 6 on the right and 1, 3,5 and 6 on the left are fractured anteriorly (most likely associated with cardiopulmonary resuscitation).

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains 20 ml of clear red fluid. There are no peritoneal adhesions.

**CARDIOVASCULAR SYSTEM: Heart:** The heart weighs 410 gm (normal male 270-360) and is notably soft. The rostral, anterior aspect of the pericardium exhibits superficial blood and blood clot (approximately 12 x 8 cm), consistent with the distribution of the previously described anterior rib fractures. Approximately 80% of the heart is covered with epicardial fat. The heart is examined by transverse serial slicing of the ventricles, then opening following the flow of blood. The myocardium is homogeneous red-brown. The endocardium is translucent and smooth. The left ventricular wall is 1.6 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 11 cm (normal 12-13 cm), pulmonic valve 6 cm (normal 8.5-9.0 cm), mitral valve 11.5 cm (normal 10.5-11.0 cm), and aortic valve 8.3 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

**Blood vessels:** The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. The coronary arteries reveal no significant atherosclerosis. The aorta exhibits approximately 10% surface area involved with ulceration and complicated plaques positioned primarily caudal to the level of the renal arteries. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior venae cavae and their branches are normal. The portal vein is normal.

**RESPIRATORY SYSTEM: Larynx and trachea:** The laryngeal mucosa is pink/red and smooth with no lesions and the vocal cords appear normal. The tracheal mucosa is moderately congested, tan/pink and otherwise unremarkable.

**Lungs:** The right lung weighs 710 gm (normal male 435), and the left 830 gm (normal male 385). The pleural surfaces are smooth, pink and essentially

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#### GROSS DESCRIPTION:

translucent throughout. The left lung is inflated with formalin before sectioning. The bronchial and vascular trees are normal. The hilar nodes are unremarkable. The lung parenchyma is red/purple, with fine porosity and oozes thin fluid with sectioning.

**GASTROINTESTINAL TRACT:** Esophagus: The esophageal mucosa is tan/pink and unremarkable.

Tongue: The tongue has a finely granular surface with no coatings.

Stomach and duodenum: The stomach contains 30 ml of dark brown, viscous chyme. The wall displays attenuated rugae and the mucosa is tan without lesions. The duodenum has a tan, glistening mucosa with normal plical pattern without lesions.

Pancreas: The pancreas has a normal conformation of head and tail. The parenchyma is tan, normally lobulated and soft. The pancreatic duct is patent. The pancreas cuts without a gritty sensation.

Biliary tract: The gallbladder serosa is gray/green and glistening. The gallbladder contains 30 ml of mildly viscous black bile, with no calculi. The mucosa is pink/red and velvety. The cystic duct, hepatic duct, and common duct are normal and bile is expressed freely from the ampulla on compression of the gallbladder.

Liver: The liver weighs 2020 gm (normal male 1400-1900). The liver surface is smooth and glistening. Glisson's capsule is essentially translucent. The liver is serially sliced to reveal a homogeneous lobular pattern with dark red/brown parenchyma and no gross lesions.

Small Bowel: The serosa is smooth and semi-translucent with no adhesions. The bowel is normal caliber throughout and the lumen contains semiliquid tan material. The mucosa is tan and glistening with normal plications. The bowel wall reveals no lesions.

Large bowel: The serosa is smooth, tan and glistening with no adhesions. The mucosa is tan and glistening throughout with no gross lesions. The lumen contains soft, tan/brown fecal material. The appendix is grossly normal.

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

Reticulo-Endothelial System: Spleen: The spleen weighs 270 gm (normal 125-195 gm). It is semi-firm throughout and exhibits granular dark red parenchymal cut surfaces.

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### GROSS DESCRIPTION:

**Lymph nodes:** Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

**Spine:** The spine is normal.

**Bone marrow:** The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are of normal density.

**GENITO-URINARY SYSTEM: Kidneys:** The kidneys are symmetric. The right kidney weighs 180 gm and the left 170 gm (normal male 125-170 gm). The capsules strip with ease to reveal essentially smooth, red cortical surfaces. Serial slicing reveals well-demarcated cortico-medullary junctions. The right and left cortices are 0.7 and 1.1 cm thick respectively. The pelves and calyces are normal. The renal pelvic mucosa is normal. Perihilar adipose tissue is increased.

**Ureters:** The ureters are of normal caliber (0.3 maximal external diameter) throughout their length with tan smooth glistening mucosa. No periureteral fibrosis is noted. The distal ureters are probe-patent into the bladder.

**Bladder:** The bladder is minimally thickened with mild trabeculation. The mucosa is white/tan and the trigone is normal.

**Prostate:** The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

**Testes:** The right testis weighs 26.7 gm, and the left 22.4 gm (normal 20-25 gm). The tunica albugineas are white/tan, smooth and glistening. The cut surfaces reveal tan/yellow, soft parenchyma with tubules which string with ease.

**ENDOCRINE SYSTEM: Thyroid:** The thyroid weighs 22.3 gm (normal 10-22 gm), is red/brown, bosselated and glistening. Cut surfaces reveal homogeneous, red/brown semi-translucent, parenchyma throughout.

**Parathyroids:** Parathyroids were not identified.

**Adrenal glands:** The right adrenal gland weighs 7.7 gm and the left 7.8 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position. Serial slicing in the transverse plane reveals markedly soft golden cortices with grey medullae.

**BRAIN AND SPINAL CORD:** The scalp, calvarium, base of the skull and dura mater

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# **FINAL AUTOPSY REPORT**

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## **GROSS DESCRIPTION:**

are normal. The brain weighs 1650 gm (normal male 1200-1400). The gyri and sulci display a normal pattern with minimal apparent cerebral edema. The leptomeninges are unremarkable. The circle of Willis, basilar and vertebral arteries show minimal atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

**SPINAL CORD:** The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

**PITUITARY GLAND:** The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

JTK/da  
 08/09/11

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**Pathology Report**

# **FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00160

## **MICROSCOPIC DESCRIPTION:**

PANCREAS, Slide 1 (1 H&E): Autolysis with postmortem bacterial overgrowth. Otherwise no pathologic change

ADRENAL GLAND, Slide 2 (1 H&E): Autolysis.

THYROID, Slide 3 (1 H&E): Lymphocytic infiltration of the stroma with multifocal oxyphilic change of follicular epithelium. The lymphoid tissue is distributed within and around lobules with occasional large follicles. Plasma cells, histiocytes and rare intrafollicular multinucleated giant cells are observed.

TESTIS, Slide 4 (1 H&E): Mild attenuation of spermatogenesis, appropriate for age. No pathologic change

VERTEBRA, Slide 5 (1 H&E): Normal myeloid/erythroid ratio with 60% cellularity and no pathologic change.

LIVER, Slide 6 (1 H&E): Autolysis. Marked, diffuse, mixed micro- and macrovesicular steatosis with rare, thin-walled, cyst-like cavities of uncertain significance. Postmortem bacterial overgrowth.

SPLEEN, Slide 7 (1 H&E): Autolysis. No pathologic change.

LUNGS, Slides 8 and 9 (2 H&E): Marked autolysis. Congestion with patchy, widely distributed areas of edema and intra-alveolar hemorrhage within sections of left lung. Postmortem bacterial overgrowth.

HEART, SLIDES 10 through 14 (5 H&E): Autolysis. Rare contraction band necrosis observed in widely scattered individual myocytes within the left ventricle and septum. Postmortem bacterial overgrowth.

KIDNEYS, Slides 15 and 16 (2 H&E): Autolysis. No pathologic change.

ILEUM, Slide 17 (1 H&E): Autolysis.

JEJUNUM, Slide 18 (1 H&E): Autolysis. No pathologic change.

COLON, Slide 19 (1 H&E): Autolysis. No pathologic change.

ESOPHAGUS, Slide 20 (1 H&E): Fibromembranous and muscular tissue fragment; no mucosa identified.

PROSTATE, Slides 21 through 23 (3 H&E): Multi-focal sites of lymphoplasmacytic inflammatory infiltrates are observed within the stroma and surrounding

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**FINAL AUTOPSY REPORT**

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Autopsy No.: AU-11-00160

**MICROSCOPIC DESCRIPTION:**  
adjacent glands.

JTK/da  
09/19/11

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### FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00160

#### CLINICOPATHOLOGIC CORRELATION:

The patient was a 46-year-old TDCJ male inmate, with a past medical history of hypertension, hyperlipidemia, hypothyroidism and schizophrenia who was found unresponsive in his cell on 08/03/2011. Body temperature (axillary) measured during acute medical response was 105.6 degrees Fahrenheit. No information obtained as part of the medical record or TDCJ Investigator Report indicates ambient temperature of the Coffield Unit for the evening of 08/03/2011, yet, historical data (derived from AccuWeather.com) indicates that the high temperature for Tennessee Colony, TX on this date was 108 degrees Fahrenheit. Clinical suspicion of heat-related mortality was also suggested in the TDCJ Investigator's Report.

Thorough external examination, in-situ examination of organs and microscopy effectively rule out trauma with regard to this patient. The primary gross and microscopic finding at autopsy is profound autolysis of the tissues for most organs examined. Such advanced tissue degradation for a routine autopsy is consistent with and is most certainly derived from, at least in part, an elevated body temperature at the time of death, whereas marked autolysis does indeed limit the derivation of many fine details associated with histopathologic interpretation, most important considered diagnoses such as significant atherosclerotic coronary artery disease, frank myocardial infarction, pneumonia or other acute infections are effectively ruled out.

As suggested by the National Association of Medical Examiners: Position Paper: Criteria for the Diagnosis of Heat-Related Deaths (1996), for instances where the measured antemortem body temperature at the time of collapse was  $\geq 105$  degrees Fahrenheit, the cause of death should be certified as heat stroke or hyperthermia. With a documented axillary temperature of 105.6 degrees Fahrenheit, this meets the suggested criteria. Moreover, the core body temperature was certainly more elevated than that noted from an axillary site. Additional convergent autopsy findings support the diagnosis of hyperthermia. The patient did have a documented history of hypothyroidism, and upon histopathologic examination exhibited diagnostic features of Hashimoto thyroiditis. Moreover, whereas there was no significant coronary artery disease or evidence of frank myocardial infarction, histopathologic examination of the heart does reveal numerous widely distributed individual myocytes in the left ventricle and interventricular septum with contraction bands and early coagulative necrosis. The lungs were both notably heavy (right 710 g, left 830 g) and upon microscopic evaluation revealed widely distributed foci of pulmonary edema as well as similar foci of intra-alveolar hemorrhage (left > right). The brain also exhibited cerebral edema, yet no significant focal lesions.

It has been proposed that the physiologic adaptations "to hypothyroidism may hinder appropriate response during heat stress" (Siegle, 1998). The author reported the autopsy findings of a 31-year-old female with no known history of

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### FINAL AUTOPSY REPORT

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Autopsy No.: AU-11-00160

#### CLINICOPATHOLOGIC CORRELATION:

thyroid disease. The autopsy findings for the reported patient were significant for the post-mortem diagnosis of Hashimoto thyroiditis. Additionally, the remainder of the reported autopsy results were quite similar to the current patient as well as for many general instances of heat stroke or hyperthermia, with pulmonary edema and diffuse hemorrhage and presence of contraction band necrosis within the myocardium. Finally, the medication list for the decedent included, risperidone, pravastatin, synthroid and vasotec. In the setting of extreme environmental heat, dehydration is always an underlying risk factor for heat-related illness. Dehydration may also increase the effective levels of certain medications through an associated reduction in renal clearance. In particular, risperidone and other psychiatric medications may disturb the capacity for brain regulation of body temperature homeostasis. As such, these medications may indirectly contribute to a state of hyperthermia due to temperature dysregulation. The contributory effects, if any, of hyperthyroidism and/or risperidone therapy with regard to the presentation of hyperthermia for the decedent may not be established.

In summary, with the exclusion of all other considerations for mortality, the cause of death for this 46-year-old male is hyperthermia. The manner of death is accident.

#### REFERENCES:

Donoghue, ER, Graham, MA, Jentzen, JM, Lifschultz, BD, Luke, JL, Mirchandiani, HG: Criteria for the Diagnosis of Heat-Related Deaths: National Association of Medical Examiners: Position Paper. The American Journal of Forensic Medicine and Pathology, Vol 18(1), March 1997, 11-14.

Siegle, RW: Fatal Heatstroke in a Young Woman with Previously Undiagnosed Hashimoto's Thyroiditis. Journal of Forensic Sciences Vol 43(6), 1998, 1237-1240.

JTK/da  
 09/19/11

BILL A. RAMPY, D.O., PhD

(Electronic Signature)

03/13/12

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